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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NONE

*[Signature]*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

*[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 01/22/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials				

ADDRESS  
22235  
MALIN HALEY AND DIMAGGIO, PA  
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33316

TITLE  
SYSTEM AND METHOD FOR PREVENTING THE OPERATION OF A MOTOR VEHICLE BY A PERSON WHO IS INTOXICATED

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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